

Article - Insurance

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§15–1634.

(a) Before making a therapeutic interchange, a pharmacy benefits manager or its agent shall obtain authorization from a prescriber or an individual authorized by the prescriber.

(b) In any therapeutic interchange solicitation, the following shall be disclosed to the prescriber:

(1) that a therapeutic interchange is being solicited;

(2) the circumstances under which the originally prescribed drug will be covered by the purchaser;

(3) the difference in copayments or coinsurance to be paid by the beneficiary to obtain the proposed drug;

(4) the circumstances and extent to which health care costs related to the therapeutic interchange will be compensated; and

(5) any clinically significant differences, as determined by a pharmacy and therapeutics committee of the pharmacy benefits manager, with respect to efficacy, side effects, and potential impact on health and safety.

(c) When soliciting a therapeutic interchange from a prescriber, a pharmacy benefits manager or its agent may not make a claim that the therapeutic interchange will save the purchaser money unless the claim can be substantiated.

(d) If the pharmacy benefits manager or its agent receives payment for making a therapeutic interchange from a pharmaceutical manufacturer or other person, including the pharmacy benefits manager, that is not reflected in cost savings to the purchaser, the existence of the payment shall be communicated to the prescriber at the time of the therapeutic interchange solicitation.

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